

UNITEDHEALTHCARE INSURANCE CARD

Group Policy Information

MEMBER INFORMATION

Member Name: Michael Robert Johnson

Date of Birth: 08/14/1965

Member ID: UHC345678901

Group Number: GRP003

Policy Number: UHC789012345

PLAN INFORMATION

Plan Type: PPO (Preferred Provider Organization)

Effective Date: 01/01/2024

Termination Date: 12/31/2024

Network: UnitedHealthcare Choice Plus

BENEFIT INFORMATION

Deductible: \$1,800 individual / \$3,600 family

Out-of-Pocket Maximum: \$7,000 individual / \$14,000 family

Co-pay: \$35 primary care / \$70 specialist

Emergency Room: \$300 co-pay

Hospitalization: 30% coinsurance after deductible

PRIOR AUTHORIZATION REQUIREMENTS

Arthroscopic Knee Surgery: **REQUIRES PRIOR AUTHORIZATION**

Authorization Phone: (303) 800-AUTH

Authorization Fax: (303) 800-FAX

Online Portal: www.uhc.com/pa

Provider Portal: <https://provider.uhc.com>

CONTACT INFORMATION

Customer Service: (303) 800-UHC

Claims Address: PO Box 98765, Denver, CO 80202

Provider Relations: (303) 800-PROV

24/7 Nurse Line: (303) 800-NURSE

Card ID: UHC-2024-001236 | Issue Date: 01/01/2024 | Valid Through: 12/31/2024

For verification: www.uhc.com/verify | Phone: (303) 800-VERIFY